

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FINANCIAL PERFORMANCE MEASURES	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Focus Area: Costs		
Performance Measure	Total cost per patient	
Is this Performance Measure Applicable to your Organization?	Yes	
Target Goal Description		
Numerator Description	Total accrued cost before donations and after allocation of overhead.	
Denominator Description	Total number of patients.	
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:	
Progress Field	Current grantees applying to continue serving their current service area MUST use this field to provide information regarding progress since the application that initiated the budget period.	
Projected Data (by End of Project Period)		
Data Source & Methodology		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Comments		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FINANCIAL PERFORMANCE MEASURES	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Focus Area: Costs		
Performance Measure	Medical cost per medical visit	
Is this Performance Measure Applicable to your Organization?	Yes	
Target Goal Description		
Numerator Description	Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray cost).	
Denominator Description	Non-nursing medical visits (excludes nursing (RN) and psychiatrist visits).	
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:	
Progress Field	Current grantees applying to continue serving their current service area MUST use this field to provide information regarding progress since the application that initiated the budget period.	
Projected Data (by End of Project Period)		
Data Source & Methodology		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Comments		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FINANCIAL PERFORMANCE MEASURES	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Focus Area: Financial Viability		
Performance Measure	Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets – Total Liabilities)	
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Target Goal Description		
Numerator Description	Ending Net Assets - Beginning Net Assets	
Denominator Description	Total Expense	
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:	
Progress Field	Current grantees applying to continue serving their current service area MUST use this field to provide information regarding progress since the application that initiated the budget period.	
Projected Data (by End of Project Period)		
Data Source & Methodology		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Comments		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FINANCIAL PERFORMANCE MEASURES	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Focus Area: Financial Viability		
Performance Measure	Working Capital to Monthly Expense Ratio	
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Target Goal Description		
Numerator Description	Current Assets - Current Liabilities	
Denominator Description	Total Expense / Number of Months in Audit	
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:	
Progress Field	Current grantees applying to continue serving their current service area MUST use this field to provide information regarding progress since the application that initiated the budget period.	
Projected Data (by End of Project Period)		
Data Source & Methodology		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Comments		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FINANCIAL PERFORMANCE MEASURES	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Focus Area: Financial Viability		
Performance Measure	Long Term Debt to Equity Ratio	
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Target Goal Description		
Numerator Description	Long Term Liabilities	
Denominator Description	Net Assets	
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:	
Progress Field	Current grantees applying to continue serving their current service area MUST use this field to provide information regarding progress since the application that initiated the budget period.	
Projected Data (by End of Project Period)		
Data Source & Methodology		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Comments		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FINANCIAL PERFORMANCE MEASURES	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Focus Area: Other		
Performance Measure		
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Target Goal Description		
Numerator Description		
Denominator Description		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:	
Progress Field	Current grantees applying to continue serving their current service area MUST use this field to provide information regarding progress since the application that initiated the budget period.	
Projected Data (by End of Project Period)		
Data Source & Methodology		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Comments		

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.